

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90163 048 \*\*\*\*61.25

**DOCUMENT # N94000000466**

1. Entity Name  
**SOUTHWEST FLORIDA UTILITY CONTRACTORS ASSOCIATIO**

Principal Place of Business P.O. BOX 50010 FORT MYERS FL 33994 US	Mailing Address P.O. BOX 50010 FORT MYERS FL 33994-0010 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **65-0515643** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**BUBAR, ROBERT**  
**4600 CUMMINS COURT**  
**FT MYERS FL 33905**

7. Name and Address of New Registered Agent  
 Name **BRUCE WENDORF**  
 Street Address (P.O. Box Number is Not Acceptable) **6475 GOLF COURSE BLVD.**  
 City **PUNTA GORDA** **FL** Zip Code **33982**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Bruce Wendorf* **PRESIDENT** FEBRUARY 17, 2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BUBAR, ROBERT</b> <b>4400 CUMMINS COURT</b> <b>FT MYERS FL 33905</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DEAN, KEITH</b> <b>11260 PALM BEACH BLVD</b> <b>FT MYERS FL 33905</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>COOK, JIM</b> <b>4720 LAREDO AVENUE</b> <b>FT MYERS FL 33905</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PENNER, BRIAN</b> <b>6001 SHIRLEY ST</b> <b>NAPLES FL 34109</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STEWART, CHRISTOPHER</b> <b>5661 DIVISION DR</b> <b>FORT MYERS FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BRUCE WENDORF</b> <b>6475 GOLF COURSE BLVD.</b> <b>PUNTA GORDA, FL 33982</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bruce Wendorf* **BRUCE WENDORF, PRES.** 941-728-3443  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)